



CONSENT TO RELEASE INFORMATION FOR LICENSED CENTERS, LICENSED HOMES, UNLICENSED REGISTERED MINISTRIES, AND CCDF LLEPs

State Form 53323 (R / 9-07) / BCC 0330
DIVISION OF FAMILY RESOURCES / BUREAU OF CHILD CARE

The information in this document is confidential according to IC 6.1-1-35-9.

In accordance with IC 12-17.2-4-5(a)(1), IC 12-17.2-4-32(a), and IC 12-17.2-6-14(c), each staff member and/or volunteer shall complete a section of this form in order to have their background information checked.

You must return this completed form to your consultant.

Name of facility / licensee / LLEP / applicant		
Address of facility (number and street, city, state, and ZIP code)		
License / registration number / LLEP number	Name of consultant	County

By signing below, I hereby consent to a release of information from Child Protective Services and the Criminal Justice System to the Indiana Child Care Licensing Section, Bureau of Child Care, and to the licensee / applicant. The information may contain any prior criminal history, arrest record, or child protective service history and is sought to ensure the safety of children in child care settings. I also verify that all information given here is correct.

Name of licensee / applicant (please print)		Maiden or other name	
Social Security number	Date of birth (month, day, year)	Sex	Race
Address (number and street, city, state, and ZIP code)			
Signature of licensee / applicant		Date (month, day, year)	

FOR OFFICE USE ONLY	CH <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)	CPI <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)	SOR <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)
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Name of licensee / staff / volunteer / household member over eighteen (18) (please print)		Maiden or other name	
Social Security number	Date of birth (month, day, year)	Sex	Race
Address (number and street, city, state, and ZIP code)			
Signature of licensee / staff / volunteer / household member over eighteen (18)		Date (month, day, year)	

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Signature of person verifying information	Date (month, day, year)
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